PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

1

Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate! All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for

| maintenance fee notification | | | -, -p,6 | | | , 11.00. (1) 11.11.11.11.18 - 00 | | |
|---|--|--|--|---|---|---|--|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | |
| 35525 759 | 90 03/09/2006 | | | | | • | | |
| IDM CODD (VA) | | | | | Certificate of Mailing or Transmission Liberally contificate this Eas(s) Transmissal is being deposited with the United | | | |
| IBM CORP (YA) C/O YEE & ASSOCIATES PC | | | | | I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | |
| / CDF \ | | | | | addressed to the Mail Stop ISSUE FEE address above, or being facsimile | | | |
| P.O. BOX 802333 DALLAS, TX 75380 (MAY 2 6 2006 m) | | | | | (Depositor's name) | | | |
| THE PROPERTY. | | | | | (Signature) | | | |
| | | | | | | (Date) | | |
| APPLICATION NO. | FILING DATE | FIRST NAMED INV | | | TOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. | |
| 09/942,748 08/30/2001 | | | Maria Azua Himmel AUS920010578US1 9987 | | | | | |
| TITLE OF INVENTION: A EQUIPMENT IN A FACILI | | D FOR MERGIN | G WIRELES | S TELEI | PHONE SERVICE WI | TH EXISTING WIRED TEL | EPHONE | |
| APPLN, TYPE | SMALL ENTITY | ISSUE FEE | | PU | BLICATION FEE | TOTAL FEE(S) DUE | DATE DUE | |
| nonprovisional | МО | \$1400 | | | \$300 | \$1700 | 06/09/2006 | |
| EXAMINER | | ART UNIT | | CL | ASS-SUBCLASS |] | | |
| GAUTHIER, GERALD | | 2645 | 2645 | | 455-445000 | | | |
| 1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list | | | | | | | a lat Upp | |
| CFR 1.763). Change of correspond | (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, | | | | | | | |
| | | | | | ingle firm (having as | a member a 2 | 2 Junitel | |
| "Fee Address" indicate PTO/SB/47; Rev 03-02 of Number is required. | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | |
| 3. ASSIGNEE NAME AND | RESIDENCE DATA TO B | E PRINTED ON T | THE PATEN | T (print o | r type) | | | |
| | | | | | | nce is identified below, the d | ocument has been filed for | |
| PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) | | | | | | | | |
| International Business Armont NY | | | | | | | | |
| International Business Armonk, NY Machines Corporation Please check the appropriate assignee sategory or categories (will not be printed on the patent): Individual Decorporation or other private group entity Government | | | | | | | | |
| Please check the appropriate | assignee sategory or catego | ries (will not be pr | inted on the p | oatent) : | Individual Late | orporation or other private gro | oup entity Government | |
| | | | | b. Payment of Fee(s): | | | | |
| 12 Isaue Fee | | | A check in the amount of the fee(s) is enclosed. | | | | | |
| Publication Fee (No small entity discount permitted) | | | Payment by credit card. Form PTO-2038 is attached. | | | | | |
| Advance Order - # of Copies | | | Drhe Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form). | | | | | |
| 5. Change in Entity Status | (from status indicated above |) | | | | | | |
| | MALL ENTITY status. See | | ☐ b. Applic | cant is no | longer claiming SMA | LL ENTITY status. See 37 C | FR 1.27(g)(2). | |
| NOTE: The Issue Fee and Pi | is requested to apply the Issublication Fee (if required) vords of the United States Pate | vill not be accepted | i irom anvon | ny) or to e other th | re-apply any previous an the applicant; a reg | ly paid issue fee to the applica istered attorney or agent; or the | ation identified above. ne assignee or other party in | |
| Authorized Signature | Dub. UML | | | | Date | 05-08-06 | | |
| Typed or printed name Duke Ul. Yee | | | | 05/30/2006 MBEYENE2 000005 090447 99942748 Registration No. | | | | |
| | | 7 | - 10 1 1 | - | Al FC+1 | 501 1400 00 DA | hu the LICOTO to access? | |
| This collection of information an application. Confidential submitting the completed apthis form and/or suggestions Box 1450. Alexandria, Virgi | on is required by 37 CFR 1.3 ity is governed by 35 U.S.C. pplication form to the USPT for reducing this burden, st inia 22313-1450. DO NOT | 11. The information 122 and 37 CFR O. Time will vary tould be sent to the SEND FEES OR (| on is required 1.14. This co depending use Chief Information COMPLETER | to obtain llection i pon the i mation O D FORM | s estimated to take 12 ndividual case. Any conficer, U.S. Patent and S TO THIS ADDRES | the public which is the the minutes to complete, the the omments on the amount of its Trademark Office, U.S. Dep S. SEND TO: Commissioner | n by the USP 10 to process, and me you require to complete artment of Commerce, P.O. for Patents, P.O. Box 1450, | |
| Alexandria, Virginia 22313- | 1450. | | | | | displays a valid OMB control | | |

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE